

To: All Dental Program Personnel

From: Field Advisory Committee of the National Oral Health Council (NOHC)

**Subject: Dental Assistant of the Year Award Junior and Senior Category
as chosen by IHS Dentists**

Background

In a continued effort to encourage and recognize excellent performance by dental program personnel, the Field Advisory Committee of the NOHC announces the annual IHS award honoring the dental assistants of the year in the Junior and Senior categories as chosen by IHS dentists. This annual award recognizes individuals who excel at dental assisting, regardless of years of experience. It is, therefore, appropriate that the dental program establish a process to recognize the efforts of their dental assistants. The awards described below are intended to meet that requirement and are to be awarded yearly.

Eligibility guidelines

Any dental assistant can be nominated by a dentist employed within the IHS dental program. Participation is encouraged from direct, tribal, and urban programs in the IHS. **For the senior category, the nominee must have been a dental assistant for at least 6 years and employed by the IHS for at least 5 years. For the junior category, the nominee must have been a dental assistant for at least 3 years and employed by the IHS for at least 2 years.**

Recent previous winners are not eligible for this award.

Nomination procedure

A dentist interested in nominating an assistant should submit a typewritten narrative statement that addresses all criteria. A complete description of the assistant's contributions will address each of the evaluation criteria. There is no nomination form. A simple narrative, with a brief paragraph addressing each criterion, will suffice, along with the assistants email. Nominations must then be signed by the supervisor. Guidelines for nominations are attached for your convenience.

Nominations must be received no later than close of business March 31, 2017.

Submissions after this date will not be accepted.

IHS DENTAL PROGRAM

AWARD FOR DENTAL ASSISTANT OF THE YEAR

SENIOR CATEGORY

Senior category dental assistants contribute to the improvement of the health of the Native American through patient and community education. They provide a high degree of professional competence in dental assisting skills in a manner which is sensitive to the cultural, traditional, and personal needs of the patient. They have developed leadership skills that are an integral part to the effectiveness and productivity of the dental clinic.

1. Improvement

- List courses attended within the past 24 months including staff supported training.
- List progress toward or achievement of certification.
- List new skills or duties nominee has taken on using their own initiative.

2. Courtesy

- Describe interactions nominee has with patients to demonstrate sensitivity to culture, tradition, spirituality and age.
- Describe interactions nominee has with co-workers that support team achievement.
- Describe interactions nominee has with other departments and facilities to accomplish the IHS/Tribal mission.

3. Productivity

- Describe the nominees workload
- Describe the nominees punctuality

4. Duties

- List assigned clinic responsibilities

5. Above and beyond

- List job elements that nominee performs beyond assigned duties and work hours.

6. Leadership Qualities

- List extra events, functions, or projects of nominee in dental clinic; specify involvement as a leader, helper, etc.

7. IHS/Tribal participation

- List programs or committees in which nominee participates

8. Community Involvement

- List outside activities and organizations nominee is involved with, such as volunteering, awards received, recognition, etc.

IHS Dental Program
AWARD FOR DENTAL ASSISTANT OF THE YEAR
SENIOR CATEGORY

Dental Assistant Nominated:

Email of Dental Assistant:

Current Position:

Current Assignment Location:

Entry on duty date:

Certified Dental Assistant if applicable:

Endorsements (both are required)

Nominator: I certify, to the best of my knowledge, that the attached narrative or outline accurately describes this assistant's accomplishments and abilities.

(Name and Title)

(Signature and Date)

Supervisor: I believe this dental assistant exhibits those attributes the award was designed to foster.

(Name and Title)

(Signature and Date)

All Nominations Should be emailed to or mailed to:

joe.drake@ihs.gov

Dr. Joe Drake
100 Lake Traverse Dr.
Woodrow Wilson Keeble Memorial Health Care Clinic
Dental Department

Sisseton, SD 57262

Nominations must be received no later than close of business March 31, 2017.

IHS DENTAL PROGRAM

AWARD FOR DENTAL ASSISTANT OF THE YEAR

JUNIOR CATEGORY

Junior category dental assistants contribute to the improvement of the health of the Native American through patient and community education. They provide a high degree of professional competence in dental assisting skills in a manner which is sensitive to the cultural, traditional, and personal needs of the patient.

1. Improvement

- List courses attended within the past 24 months including staff supported training.
- List progress toward or achievement of certification.
- List new skills or duties nominee has taken on using their own initiative.

2. Courtesy

- Describe interactions nominee has with patients to demonstrate sensitivity to culture, tradition, spirituality and age.
- Describe interactions nominee has with co-workers that support team achievement.
- Describe interactions nominee has with other departments and facilities to accomplish the IHS/Tribal mission.

3. Productivity

- Describe the nominees workload
- Describe the nominees punctuality

4. Duties

- List assigned clinic responsibilities

5. Above and beyond

- List job elements that nominee performs beyond assigned duties and work hours.

IHS Dental Program
AWARD FOR DENTAL ASSISTANT OF THE YEAR
JUNIOR CATEGORY

Dental Assistant Nominated:

Email of Dental Assistant:

Current Position:

Current Assignment Location:

Entry on duty date:

Certified Dental Assistant if applicable:

Endorsements (both are required)

Nominator: I certify, to the best of my knowledge, that the attached narrative or outline accurately describes this assistant's accomplishments and abilities.

(Name and Title)

(Signature and Date)

Supervisor: I believe this dental assistant exhibits those attributes the award was designed to foster.

(Name and Title)

(Signature and Date)

All Nominations Should be emailed to or mailed to:

joe.drake@ihs.gov

Dr. Joe Drake
100 Lake Traverse Dr.
Woodrow Wilson Keeble Memorial Health Care Clinic

Dental Department
Sisseton, SD 57262

Nominations must be received no later than close of business March 31, 2017.

Guidelines for Nominations

Hints for successful submissions

Be sure to address each criterion in the submission. It is likely a nominee with solid scores in all categories will score higher overall than someone who excels in most categories but lacks documentation in a few categories.

- Emphasize real examples to illustrate the characteristics or achievements you're describing. Emphasize impact to the program.
- Be concise. Be detailed but brief. Two pages maximum.
- Avoid flowery phrases or lavish praise unaccompanied by real example of achievements or commitments.
- The evaluation process rewards sustained performance. Emphasize experience and sustained excellence over years of service.

All Nominations Should be emailed to:

joe.drake@ihs.gov

Nominations can also be mailed to:

Dr. Joe Drake
100 Lake Traverse Dr.
Woodrow Wilson Keeble Memorial Health Care Clinic
Dental Department
Sisseton, SD 57262

Nominations must be received no later than close of business March 31, 2017.

Submissions after this date will not be accepted.